STATE OF MARYLAND-CERTIFICATE OF DEATH

15	6	1	10	63
0	0	1	6	U

1. PLACE OF DEATH	<u> </u>
County Frederick.	Registration Dist. No. 152
Village or City Walf Casvelle	NoSt.,Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign blrth?yrsmosds.
2. FULL NAME faut Baker	
	C4 Ward
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 25 193
5a. If married, widowed, or divorced HUSBAND of	(Manth) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
0 , 05,1051/	, 19, to, 19
7. AGE Years Months Deys If LESS than	l last saw h; death is said to have occurred on the date stated above, at
() () 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or particular	wera as follows:
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Margaratas 15
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and	Hilla telebral
SAW MILL, BANK, etc.	The state of the s
	V
year) occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Walkergurlle	
(State or country) many land	
13. NAME John Edw. Baker Jr. 14. BIRTHDLACE (city or town)	
14. BIRTHPLACE (city or town). (State or country).	Mame of operation
min the second	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Clew Grace Engler 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
(State of country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT AUG GARAGE	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa Glade Came Data aug. 25, 1939	Nature of injury
ly TAI 901/2: 21/2	24. Was disease or Injury In any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, spacify
1 - Gua 25 34 PM 1H 11 1	(Signed) Illauro Miller M. D.
20. FILED MASS 1997 A. Transportation	(Address) Delows mis

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
-		1
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

PHYSICIANS should state

of ofcupa.

Exact statement

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

V. S. No. 1 N. B. TION is very important.

See instructions on back of certificate.

STATE OF MADVIAND CEDTIFICATE OF DEATH

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	[3]
County Frederick	Registration Dist. No. 2
	death occurred in a horpital or institution, give its NAME instead of street and number) Who would be supported by the support of the suppor
2. FULL NAME William 7. Beard	3
A	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Melonia	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of	
(or) WIFE of James Beach -	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTII (month, day, and year) Publ 15 1870	last saw handlive on 1937, to 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at Bern.
64 / / / lday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Z Trade, profession, or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Menna Jel 25
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
U 10. Date deceased last worked at 11. Total time (years)	Chonic rephrition Ceves DR. 8/14/1935
this occupation (monthland, spent in this occupation wear)	0/947 9435.
an appropriate the second seco	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) -	Land of Ville to
13. NAME Levery Beard	and the same of the N
13. NAME Servey Brand 14. BIRTHPLACE (city or town) frequency (Citator or country)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Junanda Bruse	23. If death was dua to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME June Bruse 16. BIRTHPLACE (city or town) Linguist	Accident, suicide, or homicide? Date of injury, 19
X (State or country)	Where did injury occur?
17. INFORMANT Server Beard,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Brown 2md	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Classification Date Class # 1927	Nature of injury
19. UNDERTAKER A. Futs 4 Som (Address) 3 mm	24. Was diseasa or injury in any way related to occupation of dacaased? 222
20. FILED 2 Quy , 1924 Goraf Joneany Registrar.	(Signed) Belleville M. D. (Address) Belleville M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.		·		
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

County + MANAGA	Businessian River 14
	Registration Dist. No. / T
Village or City Brancourte	NoSt., Wal (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	mosds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Effice May Sona	une
(a) Residence: No.	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWI	D. 21. DATE OF DEATH
I make while manied	(Month) (Day) (Year)
. If married, widowed, or divorced HUSBAND of	9//
(or) WIFE of Wa Drawner	22. I HEREBY CERTIFY That I attended deceased fro
DATE OF BIRTH (month, day, and year) May 27 -/8	I last baw h. Schalive on A 1 7 71 death is se
AGE Years Months Days If LESS to	1,30
66 2 11 f day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	the to the total
9. Industry or business in which	Contract felialinas
9. Industry or business in which work was done, as SILK MILL, Quen home SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and fully year)	
11/5	Other Contributory Causes of importance:
. BfRTHPLACE (city or town)	
13. NAME Chomas 1 Pall	
A DISTRIBUTION OF THE STATE OF	1.00
14. BIRTHPLACE (city or town) (State or country)	Name of operation 12012 Date of
15. MAIDEN NAME CAMPAGE	What test confirmed diagnosis? Was there an autopsy? A
	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
6960	Where did injury occur? (Specify city or town, county and State)
(Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
BURIAL, CREMATION, OR REMOVAL	Manner of Jajura 11 1 1 0
Place Hillsbery vac Date aug 4 19	Manner of Injury
ANGOSTO SERVICE	Nature of injury.
UNDERTAKER (Address) Bases 200	24. Was disease or injury in any way related to occupation of deceased?
A so and have been to	(Signed) The Release de huaulle an
FILEDEN 3 1934 MMS. N. N. M. A.	

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
county Trederiels	Registration Dist. No. 13
Village or City M Dulevue Hospital	No. St., Wa
Length of residence in city or town where death occurred 8 yrs. 1 mo	f death occurred in a hospital or institution, give its NAME instead of street and number) s/ds. How long in U.S. if of foreign birth?
111.00	smosmosmosmosmos
2. FULL NAME William Brown	\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.
(a) Residence: No. M. Seria M. Jre den cla	St., W.G., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Wale Colved OR DIVORCED (write the word)	(Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of	, and
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased fr
701 - 11 - 12/3	1 4 2 (
is DATE OF BIRTH (month, day, and year) Way 15 / 863	I last saw h alive on 19.3. T; death is so to have occurred on the date stated above, at 71.5. m.
7 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade profession or particular	were as follows: Date of on-
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Day Lawer	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this gocupation (Month and	Whitesuppleque and
work was done, as SILK MILL, SAW MILL, BANK, etc	-
10. Date deceased last worked at this occupation month and year) - July 16, 1926	
7/10.00	Other Contributory Causes of importance:
(State or country)	103
	- with second
350000000	Name of a section
14. BIRTHPLACE (city or town)	Name of operation Date of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAMES alla Prince Samolin atta	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAMES altering Saper attach	Accident, suicide, or homicide? Date of Injury 19
(State or country)	Where did injury occur?
7. INFORMANT James a Junes Sunt.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Morelevie wast Marian	*
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placehonlane Com. Date 25 - Comg. 19. 34	Nature of Injury
9. UNDERTAKER JOSANS Q: Josans Sund	24. Was disease or Injury In any way related to occupation of deceased?
	If no amounts.
(Address) montem trop city	If so, specify
	(Signed) B. O. Character M.

4.51 4 140

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND	CERTIFICATE OF DEATH 08180
1. PLACE OF DEATH	gual 23
County Mederick	Registration Dist. No.
Village or City State Sanatonia	No. Md . St., Ward
Length of residence in city or town where death occurred 2_yrsO_mos.	death occurred in a horpital or institution, give its NAME instead of street and number) 2. Ods. How long in U. S. if of foreign birth?
2. FULL NAME Leter Brya	n
(a) Residence: No. Little Orllo	no Wardella, Co. Md
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white OR DIVORCED (write the word)	(Month) (Qay) (Yehr)
5a. If married, widowed, or divorced HUSBAND of	(131)
(or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) M WCh. 0 1898	I last saw h Long alive on Ong 2 2 , 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6:35 1-m.
36 5 2 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
A Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc.	Date of office
9. Industry or business in which	Add and the state of the state
work was done, as SILK MILL, SAW MILL, BANK, etc.	UMMonary Moesculor
11. Total time (yeers) this occupation (month and year) 11. Total time (yeers) spant in this occupation was a consupation with the consumption occupation was a consupation with the consumption occupation was a consumption of the consumption occupation with the consumption occupation was a consumption occupation with the consumption occupation was a consumption occupation	<i>M</i>
1000	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
I 13. NAME Wessel Bryan.	
14. BIRTHPLACE (city or town) Lu york	Name of operation Oate of
(State of Country)	What test confirmed diagnosis Chest Nay & Pos. Was there an au opsy?
15. MAIDEN NAME JUSAN ONTOKR	23. If death was due to external causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) 1114 your (State or country)	Accident, suicide, or homicide? Date of Injury, 19
nt n	Where did injury occur? (Specify city or town, county and State)
(Address) Sittle Orlo and Cillo G.Co. Md	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date Date Date	Nature of injury
19. UNDERTAKER M. L. Creager	24. Was disease or injury in any way related to occupation of deceased?
(Addiess) Thurmont My Ma.	If so, specify
20. FILED P. 19	(Signed) Address) At a terral M. D.
	411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	(A) 0 (A)	1 year	
		The same of the sa		

should state

of OCCUPA-

1. PLACE OF DEATH						(I-Ê)	1.02
	County]	Frede	rick			Registration Dist. No/_	30
Village or City Buckeystown					***	NoSt.,	Ward
					***	death occurred in a hospital or institution, give its NAME instead of street and nu-	
1					ield Buxton		
1	(a) Resident	ce: No		(Usual plac	e of abode)	St., Ward. If nonresident give city or town and S	iate
SINITE	PERSON	AL AN	D STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3.	SEX Male		R OR RACE	OR DIVORC	RRIED, WIDOWED. ED (write the word) ngle	21. DATE OF DEATH Cangust 6 th	193_4
	. if married, widow			1 01	usto	(Months) (Day)	(Year)
	HUSBAND of (or) WIFE of					22. I HEREBY CERTIFY, That I attended d	eceased from
-		2011				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	., 1929
-	DATE OF BIRTH (July 26.		Hast saw h. AM alive on Alug 6 1934;	death is said
7.	AGE Year	rs	Months	Days	If LESS than I day,hrs,	to have occurred on the data stated above, at 5 2.50. A and the PRINCIPAL CAUSE OF DEATH and related causes of importance	
_	71		11	1 10	ormin.	were as follows:	Date of onset
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer					I ruftuenya	Jely 30-34
	9. Industry or 1	business in	which		*****	\\\\\\\\	<i></i>
SUP.	SAW MIL	done, as S L, BANK, o	SILK MILL, etc	Retire	d		
000	10. Date deceased last worked at this occupation (month and 6/28 spant in this occupation corupation.				time (years) ant in this cupation45		
12	. BIRTHPLACE (cit	u or town)	Clarks	burg		Other Contributory Causes of Importance:	1930
12	(State or coun		Maryla	nd		Enlargment of Prostate	1932
ER	13. NAME	John	W. Buxt	on		The state of the s	
FATHER	14. BIRTHPLACE (State or		wn) Maryl	and		Name of operation Date of What test confirmed diagnosis? Was there an au	3/1
ER	15. MAIDEN NAI	ME	Elizabet	h Soper		23. If death was due to external causes (VIOLENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE		wn)			Accident, suicide, or homicide? Date of injury	
17	. INFORMANT		C.E. Ma			Where did injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE,
-	(Address)	Budk	eystown,	Md.			
18				emorte 8/	8/34 10	Manner of Injury	
-	riautica State		-		<i>□</i> ₁ , ∠ Z , 17	Nature of injury	7
19	UNDERTAKER		Etchison			24. Was disease or injury in any way related to occupation of deceased?	no.
1	(Address)	Fred	erick. Ma	rytand	2	If so, specify (Signed) framuel C. Hober	14 P
1/20	, FILED &	,	19-54	راسك.	Registrer	(Address) adomston Md.	М. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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STATE OF MARYLAND—	CERTIFICATE OF DEATH	8152
1. PLACE OF DEATH	(31)	
County Frederick	Registration Dist. No. / 3/	
Village or City Tre Benef	Now - O O F. House St., death occurred in a hospital or institution, give its NAME instead of street and nu	Ward
	death occurred the hospital of mishtuden, give its IVAIVE, instead or street and no	
2. FULL NAME DA Chas Chase		
(a) Residence: No. & I. I.F. Home	St. Ward Trelewin Md -	
(Usual place of abode)	If nonresidat give city or town and S	tale
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. StNGLE, MARKIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	14
Male While In Single	(Month) (Day)	(Year)
5a. If macried, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended do	eceased from
(or) WIEE of Suyle	aug 1 1930 to Ceny 7	19 > 5
6. DATE OF BIRTH (month, day, and year) 6 1 18 1853	61	death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7737 m.	
8/ years 7 - 2 1 day hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
Wirade profession or particular	Ω 2-4-	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as StLK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Centile.	au 1-25
9. Industry or business in which work was done, as StLK MILL,	The Opposite	/
SAW MILL, BANK, etc. 11. Total time (years)	Myscardia Transfection	
this occupation (month and spant in this occupation occupation)		
12. BIRTHPLACE (city or town) Walnut Hill	Other Contributory Causes of importance:	
(State or country) Main	Cla Mulacha	
13. NAME Rufers Chase		
13. NAME Perfect Chase 14. BIRTHPLACE (city or town)	Name of operation Date of	
(State or country) Man	What test confirmed diagnosis? Was there an au	onsv?
15. MAIDEN NAME Hepsilah Titiench	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of injury	19
(State or country)	Where did injury occur?	
17. INFORMANT Nellie 6. Meus	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLAC	E.
(Address) Caloneville, Md		
18. BURIAL, CREMATION, OR REMOVAL Place N. Jamouth Mimpore aug 9, 1934	Manner of injury	
riaceri garage and an analysis	Nature of injury	2
19. UNDERTAKER Clarene to Carly	24. Was disease or injury in any way related to occupation of deceased?	
(Address) + redenity, Mary Gard	If so, specify	~
20. FILEO F- any 1924 Ora Dhelung	(Signed) (Ardress) Ardring Mad	M. D.
f -	2411 N. Charles Street, Balimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:	-	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		•		

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.

STATE OF MARYLAND—CERTIFICA	TE OF DEATH 0818
1. PLACE OF DEATH	9
county Fredgick.	Registration Dist. No. 177

1. PLACE OF DEATH	(150)
county Fredgical .	Registration Dist. No. 144
Village or City Rocky Ruge	No. St Ward
(IF	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Lifant Clery	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED, OR DATORCED (wrige the word)	21. DATE OF DEATH
m Luga	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY Thet I attended deceased from
(or) WIFE of	Sup 14 10 3 to Cent 10 32
6. DATE OF BIRTH (month, day, and year) 2ug. Uf, 193x	I last saw h alive on alive on 1, 19 3 death Is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 6 300 m.
O O / I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
2 Tendo profession os postigulas	were as follows:
kind of work done, as SPINNER, Moree SAWYER, BOOKKEEPER, etc.	Grewalisch _ 1
9. Industry or business in which	(Changelles)
work was done, as SILK MILL, SAW MILL, BANK, etc	
O 10. Date deceased last worked et this occupation (month and spent in this	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
(State or country) Melling Carry	
13. NAMe Trayfow F. Clem	
13. NAMESTACE CAY or town)	Nama of operation Date of
(State of country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Rellease 16, Short	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
S (State or country) Mangle	Where did injury occur?
17. INFORMANT 4. F. Clerch	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Igo chy fact that	
18. BURIAL, CREMATION, OR REMOVED	Manner of injury
Place/ Lothy / Ways Date Date 16 , 1907	Nature of injury
19. UNDERTAKER M/ Language Hann	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify $Q = Q = Q = Q = Q = Q = Q = Q = Q = Q $
20. FILED aug. 16. 19. B. 4. Anna M. Jones	(Signed) Stal Qued I Willey M. D.
Registrar.	(Address) DElour mo

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
+5 k 121 - 11			
Other contributory causes of importance:	7	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08184
1. PLACE OF DEATH	23
County ctrederick	Registration Dist. No. 139
Village or City State Sana Corum	No. St., Ward
Length of residence in city or town where deeth occurredyrs,mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How iong in U.S. if of foreign birth?
2. FULL NAME Edward of Cool	ahan ant
(a) Residence: No. 1 6 2 2 John At. (Usual place of abode)	St., Ward. Balb. Md. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Oug 22 198 4
5a. If married, widowed, or divorced HUSBAND of	(1001)
J. Roberta Coolahan	22. I HEREBY CERTIFY, That I attended deceased from 215 1934 to Cung 22 1934
6. DATE OF BIRTH (month, day, end year) Wel-11.1891	liast sew ham alive on aug 2 2 1934 deeth is said
7. AGE Years Months Days If LESS than.	to have occurred on the date stated above, et 12:451 m.
43 2 // 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
rade, profession, or particuler kind of work done, as SPINNER, Policeman	Data of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (months and the state of the state o	Oumonary reverculosis
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and 11/1934 spant in this 13 yr	D
12. BIRTHPLACE (city or town) Maryland (State or country)	Other Contributory Causes of importance:
13. NAME Martin T. Coolahan	
13. NAME Martin T. Coblahan 14. BIRTHPLACE (city or town) Island Md. (State or country)	Name of operation
	What test confirmed diagnosis? A. O.D. All Was there en au opsy?No
± 1000000	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Edward Coolahan (on admission	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Balto - Md. Date Unismour	Nature of Injury
19. UNDERTAKER M. L. Creffs all (Address) Thurmout M. C. Creffs all all all all all all all all all al	24. Was disease or Injury In eny way related to occupation of deceased?
20. FILED 8/22, 1934 NOVE Registrar.	(Signed) Active & anatories M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	Nay 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

OCCI pluods

1. PLACE OF DEATH

Length of residence in city or town where death occurred____

(a) Residence: Np. (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) BINDING 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate 7. AGE Years Months Davs If LESS than or min. were as follows: Trade, profession, or particular UPATION kind of work done, as SPINNER. RESERVED Jo SAWYER, BDDKKEEPER, etc back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc uo 10. Date deceased last worked at Occas 11. Total time (years) this occupation (month and spant in this instructions occupation ___ ARGIN (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) ___ Name of operation. (State or country) What test confirmed diagnosis? MOTHER important 15. MAIDEN NAME 16. BIRTHPLACE (city or town) WRITE PLAINLY (State or country (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE, 18. BURIAL. Manner of injury CAUSE Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? (Address) If so, specify

Registration Dist. No.

Ward (If death occurred in a horpital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?_______mos._____ds.

If nonresident give city or town and State

STATE OF MARYLAND—CERTIFICATE OF DEATH

und deta

(Month) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from

to have occurred on the date stated above at The PRINCIPAL CAUSE OF DEATH and related causes of importance

Data of onset

----- Was there an autopsy?___.

23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?__Cocadent___ Date of injury______, 19_____

Where did injury occur? arear Middleton , Fred is & South moreland.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importances	May 1,1923	Other contributory causes of importance:	1 year
ADDITIONAL SPACE F	OR FURTH	ER STATEMENTS BY PHYSICIAN	

STATE OF MARYLAND-CERTIFICATE OF DEATH

08156

1. PLACE O	F DEATH			90	
County	Frederick			Registration Dist. No. 144	4
Village or	city Thurmont			No. St.	Ward
Length of res	sidence In city or town where	death occurred		f death occurred in a hospital or institution, give its NAME instead of street and n sds. How long in U.S. if of foreign birth?yrsmo	umber)
2. FULL NA	ME Joshua Joh	n Dill			
	nce: No.			St Ward.	
		(Usualplac		If nonresident give city or town and	State
	NAL AND STATIS	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
Male	4. COLOR OR RACE White	5. SINGLE, MA OR DIVORC	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH August 25 (Month)	, 1934
a. If married, wido				- (Worth) (Day)	(Tear)
HUSBAND of (or) WIFE of	Nellie Jac	ekson Bar	tgis	22. I HEREBY CERTIFY. That I attended of	-
	4				, 19 3 >
	(month, day, and year)	June 3,1		I last saw Manualive on Control 20, 19.3	death is sald
	ars Months	Days	If LESS than I day,hrs,	to have occurred on the date stated above, et 8:30 - P. M.	
85	2	22	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of enset
8. Trade, profe	ession, or particular work done, as SPINNER.	xc. x .	(5)		
	work done, as SPINNER, R, BOOKKEEPER, etc business in which	Merchant	(Retired)	Chrone almoselina	1925
work wa	as done, as SILK MILL.	Mardware			
1D. Date deceas	LL, BANK, etcsed last worked at	1	time (years)	-	
this occu	Sept. 1914	sp	ent in this		
	Fre	derick		Other Contributory Canses of importance:	
12. BIRTHPLACE (c State or cou	ity or town)	Md.			
13. NAME	Lewis Dill			Medage	
	E (city or town)	Md.		Name of operation	1
-				What test confirmed diagnosis of the Was there an au	
15. MAIDEN NA	AME Ellen	nouck		23. If death was due to external causes (VIOLENCE) fill in also the following:	
	E (city or town)	Md.		Accident, suicide, or homicide? Date of Injury	, 19
= (State o	r country)	Md.		Where did injury occur?(Specify city or town, county and State	
(Address)		Md.		Specify dry or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
	rederick. Md.			Manner of injury	
9. UNDERTAKER	M.R. Etchison	& Son		24. Was disease or Injury in any way related to occupation of deceased?	w
(Address)	Frederick, M			If so, specify	
0. FILED aug	27,1924 6	Imma M	1 1926 Registrar.	(Signed) Morres 4- Bruy (Address) Thurmont	M.D.
			//	V	

V. S. No. 1

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	1 year
Gusunes	May 1,1320	Tasa bence us	1 gear

STATE OF MARYLAND-	CERTIFICATE OF DEATH 08187
1. PLACE OF DEATH	125.E) 14 A
County Freference	Registration Dist. No.
Village or City Caloctic	No. St., Ward
Length of residence in city of lown where death-occurred 5 yrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How fing in U.S. if of foreign birth?mrsmosds.
2. FULL NAME Sarah Katherin	e Clisateth Frales
(a) Residence: No. Ceatactu	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Clark Burkana Halen	22. I HEREBY CERTIFY, That I attended deceased from 1984 to 2 3 4 1984
A DITT OF BIRTH (1)	I last saw her aliva on Que \$1 , 193 4, death is said
6. DATE OF BIRTH (month, glay, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 90 m.
63 (77 3/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows: Defectition & Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Lauseyand SAWYER, BOOKKEEPER, etc.	acute gastro Enteritis 8/21/3.
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and large 34 spent in this year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	
13. NAME N = Should	
14. BIRTHPLACE (city or town) Cataly (State or country)	Nama of operation
(State of Country)	What test confirmed diagnosis buyweat Was there an au'opsy?
15. MAIDEN NAME Referent prosma	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT LONGS D. Trally (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place De la Participa de la Pa	Nature of injury
19. UNDERTAKER A COLLAR SECTION OF THE SECTION OF T	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Sept 2 , 1934 Ama M. Ane	(Signed) Morris de Cuely M. D.
Registrar.	(Address) Lumber M.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH	OI MARTLAND	(3)	
County Tree	levick	Registration Dist. No	41
Village Dr City Length of residence In city or town where		NDSt.,St.,St.,St.,St.,St.,St. How long in U.S. if of foreign birth?yrs	Ward
2. FULL NAME (a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or town a	
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DAVORCED (write the word)	21. DATE OF DEATH (Month)	, 193
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days 1934 Days If LESS than 1 day,hrs.	I last saw H	; death is sale
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc		Alillo-	Date of onset
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	Other Contributory Causes of importance:	
(State or country) 13. NAME 14. BIRTHPLACE (city or town)	Frek		
(State or country)	10 7	Name of operation Date of	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Eary Card,	23. If death was due to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury Where did injury occur?	-
17. INFORMANT A A A	Brunnich	(Specify city or town, county and Si Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC F	ale) LACE.
Place Free a suick for	M. Date aug 25 1534	Manner of injury	
19. UNDERTAKER (Address)	este thow	24. Was disease or injury in any way related to occupation of deceased? If so, specify	
20. FILED . assy 24., 19.34 . M.	De / S. Half	(Signed) (Address) // Address	M. D
If more	blanks are needed, address State Revistrar	2417 N Charles Street Beltimore Pennstone 71 S No	1

STATE OF MADVIAND CEDTIFICATE OF DEATH

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago July 5,1927 Peritonitis Cerebral hemorrhage 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 near

BINDING RESERVED may plnods plain carefully in OF DEATH

important.

CAUSE

NOIL

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEAT Registration Dist. No. 1 3 County Village or City No. Uty / St.,

(If death occurred in a horpital orinstitution, give its NAME instead of street and number) How tong in U.S. if of foreign birth?_____ Length of residence in city or town where death occurred. 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) 5a. If mested word, or diverged HUSBAND of ERTIFY, That I attended deceased from (or) WLFE of 6. DATE OF BIRTH (month, day, and year) 1913 -/2 7. AGE Years Months 0ays If LESS than to have occurred on the date stated above, at 10 1 day, ____hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows Date of onset 8. Frade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc ... 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation ... Other Contributory Causes of importance: 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an au opsy?. MOTHER 15. MAIOEN NAME 23. If death was due to external causes (ViOL ENCE) fill in also the following: Accident, suicide, or homicide Date of injury 2 - Class 19 3 16. BIRTHPLACE (city or town) (State or country Where did injury occur? ___. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19 UNDERTAKER (Address) If so, specify (Address) If more blanks are needed, address Side Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-	-CERTIFICATE OF DEATH /3	02130
1. PLACE OF DEATH	82-2	
County Magnes	Registration Dist. No.	
Village or City Vibrate Fown	No. St.	Ward
70 7	If death occurred in a hospital or institution give its NAME instead of street and	aumban)
Length of residence In city or town where death occurred	sds. How long in U.S. if of foreign birth?yrs	mosds.
2. FULL NAME adelande 6. Have	words.	
(a) Residence: No.	St., Ward.	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town an MEDICAL CERTIFICATE OF DEATH	d State
3. 98X 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	-
Transfer 21/2 OR DIVORCED (write the word)	lug- 19h	. 193 44
5a. If married, widowed of divorced	(Month) (Day)	(Year)
HUSBAND of Cor) WIFE of Eugene Haumond	22. O I HEREBY CERTIFX, That I attended	t deceased from
0	July 1 2 1934 to alig - 19	19 32/
5. DATE OF BIRTH (month, day, end year) faw, 18-1864	1 host saw her alive on aug - 19 0 1990	: deeth is seid
AGE Years Months Days If LESS than	to have occurred on the dete stated ebove, at 11 P.m.	
70 7 1 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	
8 Trade profession or particular	A de la	Oate of onset
kind of work done, as SPINNER Courseworks SAWYER, BOOKKEEPER, etc.	Cureval Inombours with	
kind of work done, as SPINNER OULEUR 1 SAWYER, BOOKKEPER, etc. 9. ladustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this securation from the deceased last worked at this securation from the deceased.	Cerebral Softening	July 1043
SAW MILL, BANK, etc		
10. Date deceased last worked at this occupation (month and 1930 spent in this year) 11. Total time (years) spent in this year) occupation 4.5 47	1	
0 1:1-1-1-1 201	Other Contributory Causes of importence	
(2. BIRTHPLACE (city or town) Albudy Foron, Mac	Cirebrai Humorohay & will	
	- Herruplegia	Jun 14-30
13. NAME Sidney N. Sappungton 14. BIRTHPLACE (city or town) Miss		1
14. BIRTHPLACE (city or town)	Name of operetion Date of	
il M	What test confirmed diegnosis? Was there an	au!opsy?
15. MAIOEN NAME / Largaret stagner	23. If death was due to external causes (VIOLENCE) fill in elso the followin	g:
16. BIRTHPLACE (city or town) md.	Accident, suicide, or homicide? Date of injury	, 19
(State of Country)	Where did injury occur? (Specify city or town, county and Sta	
7. INFORMANT Engene Haumoud	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC Pt	LACE.
(Address) X Wileytown, Md	***************************************	
8. BURIAL, CREMATION DON REMOVAL Place Structury Date aug - 22 19 34	Manner of Injury	
(D) 01. 6111	Nature of injury	
9. UNDERTAKER FOURTH & albaugh	24. Was disease or injury in eny way related to occupation of deceased?	110
(Address) & welly low mb,	If so, specify	
10. FILEO aug 22 1934 The Africa	(Signed) Orapla, Whome	, M. D.
Registrar.	(Address) N Warly rown, Ma	2.

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SEP 8 1934			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Freduck Within the Corn	Registration Dist. No. 1 3
-Village or City Freduck	No. 211 Rockwell Ferres Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME COVER New Your	mond
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. STUBLE, MARRIED, WIDOWED,	21 DATE OF DEATH
Male White OR DIVORCED (write the word)	Cluy 20 193 4
5a. If manied, widowed, or diverged HUSBAND of	(Mg/th) (Day) (Year)
HUSBAND of Tarana & Harris Har	22. I HEREBY CERTIFY That I attended deceased from
	1934, 10 Clary, 25, 1929
6. DATE OF BIRTH (month, day, and year)	I last saw harmen elive on
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER Letters . SAWYER, BOOKKEEPER, etc.	A TITLE
V 9. Industry or business in which	yume musicar ye
work was done, as SILK MILL, SAW MILL, BANK, etc.	Mythiales
year) occupation	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town) Treduce Md	and the second
(State or country)	had
14. BIRTHPLACE (city or town) Howard Cs.	My Cardial Druff any
4 14. BIRTHPLACE (city or town) Howard Co.	Name of operation
i (State of Country)	What test confirmed diagnosis?
16. BIRTHPLACE (city or town) Many Trackers Cracus	23. If death was due to external causes (VIOL ENCE) fill in also the following:
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17. INFORMANT Mis. V. 12. Haurund	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Tradence Mark	
Place Mc folio X Can Date day 22, 19 3 4	Manner of Injury
D- C P. 1. +1	Nature of injury.
19. UNDERTAKER C. Ciller Tou	24. Was disease or injury In any way related to occupation of deceased?
	(Signed) Godeste Verry M.D.
20. FILED 21 - Cery, 1934 Dr. Dru J. McCurch Registrar, 1	(Address) Visleness Mr.
	2412 N. Charles Street, Balismore, Requesting U. S. No. 2.

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Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr aid Frame

pluods

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		L	

ADDITIONAL SPACE FOR FURT	HER STATEMENTS BY PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis 3	1 year!

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

SHALL FR

STATE OF	MARYL	AND—CERTIFICATE OF DEATH	08194
	TATA ZEZ E	THE CENTIL IONIE OF BETTIE	

1. PLACE OF DEATH	Ø
County Frederick	Registration Dist. No. 140
Village or City (W o o Dalyo	No. St Ward
· · · · · · · · · · · · · · · · · · ·	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How fong in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Julant Aletalund	Le
	St. Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR OLYORCEO (write the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attanded decaased from 19, 19, 19
6. DATE OF BIRTH (month, day, and yaar) Aug 14,1934	l last saw h alive on, 19, daath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
O O I day,hrs.	The PRINCIPAL CAUSE OF OEATH and ralated causes of importance ware as follows:
8 Trade profession or particular	Still born Date of onest
SAWYER, BOOKKEEPER, atc	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.	
3 10. Oate deceased last worked at 11. Total time (years)	
this occupation (month and spent in this occupation occupation	Othar Contributory Causes of importanca:
12. BIRTHPLACE (city or town)	Othal Continuoty Causes of Importanta.
(State or country) Many Com	
13. NAME Trument X. Hellochuble 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(Stata of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAMES MAN MARKET MARKET STORY TO TOWN MAN MARKET MARKE	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accidant, suicide, or homicida? Date of injury, 19 Whare did injury occur?
17. INFORMART LUMINOU L. Atellatriole	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Codslow Mu	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place M. Hopes ChanDate Chang 1/419.34	Nature of injury
19. UNDERTAKER Powell & Albangh	24. Was disaasa or injury in any way ralated to occupation of deceased?
(Addrass) Woodston Myd	If so, specify (1)
20. FILEO Jung / 4, 19,3 4 Registrar.	(Signed) Wellow M. O. (Address) Delow M. O.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

BINDING

FOR

RESERVED

ARGIN

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
May 1 1000	Other contributory eauses of importance:	
May 1,1925	distroction	1 year
	1915 1921	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory eauses of importance:



V. S. No. 1 N. B. of OCCUPA.

Country Cou	STATE OF MARTLAND	CERTIFICATE OF DEATH (1819)
Village or City. Village or C	1. PLACE OF DEATH WITHIN CORPORATE LIMITE OF	1 2 13/
Length of residence in city or town where death occurred. Vis. 10 most of the low long in U.S. If of foreign birth? 2. FULL NAME (a) Residence: No. Ward. Ward	County reduced City of orpital	Registration Dist. No. / 2/
Length of residence in city or form where death occurred 2. FULL NAME (a) Residence No. PERSONAL AND STATISTICAL PARTICULARS 1. SIX A. COLOR OR RACE S. SIKINE, MARRIED S. OR BUYORED (write the word) (b) Day (c) DATE OF BIRTH (month, day, and year) (d) DATE OF BIRTH (month		
2. FULL NAME (a) Residence: No. (b) Aptive of abods PERSONAL AND STATISTICAL PARTICULARS 3. SIX 4. COLOR OR RACE S. SINCLE MARRIED, WIDOWED OR BYORCED (write the word) 5. If mastered wildowed, or diverse (roy) of town and State MEDICAL CERTIFICATE OF DEATH 2. DATE OF BIRTH (month, day, and year) - / 9 3 3 - Oct. 1. AGE Years Months Days 1 I LESS than of the day stated above, at. 1 Individe on Death and related causes of importance To Shirter, BOOKEFER, etc. 5. Shirter, BOOKEFER, etc. 6. Shirter, BOOKEFER, etc. 5. Shirter, BOOKEFER, etc. 5. Shirter, BOOKEFER, Etc. 6.		de How long in 11 S if of foreign hirth?
(a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE BY DEVORCED (wirs the word) 5. HI RAMPIER STROWER, or divorces (co) Valled 6. DATE OF BIRTH (month, day, and year) - / 9 3 3 - Oct. 7. AGE 8. Trace, profession, or particular 8. Indiany or business in which 8. SAWYER, BOUNKEEPR, etc. 9. Indiany or business in which 10. Date deceased last worked et year) 11. BIRTHPLACE (city or town). 12. BIRTHPLACE (city or town). 13. Indiany or houses or work on the country) 14. SAW BIRTHPLACE (city or town). 15. BIRTHPLACE (city or town). 16. BIRTHPLACE (city or town). 17. INFORMANT (State or country) 18. BURIAL, CREMATION, GRENBER, SAVIER STATES, SAVI	RAN E IT	sagge.
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word)		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARKIED, WIDOWED, OR DIVORCED Carrie the word) 5. If marking widowed, or divorces the word of the wo		
Ss. If married Willowed, or divorces HUSANER, St. HUSARIAN CERT IF Willowed, or divorces HUSANER, Converse HUSANER, Conv		
HUSBAND AND (or) Walked Control of Control o		21. DATE OF DEATH (Month) (Day) (Par)
6. DATE OF BIRTH (month, day, and year) — / 9 3 3 — Oct. 7. AGE Years Months Days If LESS than It day,	5a. If married, widowed, or divorced	(mong) (bay, (rical)
7. AGE Years Months Days If LESS than I day. hrs. or h		22. I HEREBY CERTIFY. That I attended deceased from
7. AGE Years Months Days If LESS than I day. hrs. or h	10.00 Mel X	10 10 mg 19 19 19 19 19 19 19 19 19 19 19 19 19
8. Trade, profession, or particular kind of work done, as SPINNER, SAVER, BOOKKEEPR, etc. 9. Industry or business in which was as SSINNER, SAVER, BOOKKEEPR, etc. 10. Date deceased last worked et this occupation (month and spent in this spent in this scenario). 11. BIRTHPLACE (city or town). 12. BIRTHPLACE (city or town). 13. NAME 14. BIRTHPLACE (city or town). 15. BIRTHPLACE (city or town). 16. BIRTHPLACE (city or town). 17. INFORMANT (State or country) 18. BIRTHPLACE (city or town). 19. What test confirmed diagnosis? 19. Was there an autopsy? **Lee the diagnosis of the following: Accident, suicide, or homicide? 19. Date of injury. 19. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 19. What continued in the place of the place		4.77
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOKKEPER, etc. 9. Industry or business in which work wes done, as SPINNER, SAWYER, BOKKEPER, etc. 9. Industry or business in which work do the span of this occupation (month end years) 10. Date deceased last worked et this occupation (month end years) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (State or country) 18. BURIAL, CREMATION, OR REMAN Place 19. UNDERTAKER (Address)		I TO THE RESIDENCE OF THE PROPERTY OF THE PROP
Second Contributory Causes of Importance:		were as follows:
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12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMARK Place 19. UNDERTAKER (Address) 19. UNDERTAKER (9, Industry or business in which	Jog Comment of the Co
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMARK Place 19. UNDERTAKER (Address) 19. UNDERTAKER (SAW MILL, BANK, etc.	
Other Contributory Causes of importance: Other Contributory Acuses Name of operation. Other Contributory Acuses Name of operation. Other Contributory Acuses Name of operation. Name of operation. Name of operation. Name of operation. Other Contributory Acuses Name of operation. Other Contributory Acuses Name of operation. Name of operation. Other Contributory Acuses Name of operation. Name of operation. Other Contributory Acuses Name of operation. Name of operation. Other Contributory Acuses Name of operation. Name o		
13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMATAL Place 20 20. FILED 20-Quy 1984 1934	year) occupetion	Other Contributory Causes of importance:
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What test confirmed diagnosis? Was there an autopsy? Lee 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMATA Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 20-aug 1984 Para American (State on Country) What test confirmed diagnosis? Was there an autopsy? Lee 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER (Address) 15. MAIDEN NAME 24. Wes disease or injury in eny way related to occupation of deceased? If so, specify (Signed) (Signed) (Address) AldMaller M. D. (Address)	13. NAME TOIS E Cone	allyfreshing
What test confirmed diagnosis? Was there an autopsy? Lee 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMATAL Place (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 20-Quy 1984 Braf Ancey (Signed) (Address) Was there an autopsy? Lee 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER (Address) 16. BIRTHPLACE (city or town) (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury (Signed) (Signed) (Address) (Address) (Address) (Address) (Address)	14. BIRTHPLACE (city or town)	Name of operation Date of
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17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMATAL Place 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED 20-au 1984 Bra mechanical Registrar. Where did injury occurred. (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) Manner of injury Nature of injury 24. Wes disease or injury in eny way related to occupation of deceased? If so, specify (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) Manner of injury Nature of injury (Signed) (Signed) (Address) (Address)	15. MAIDEN NAME Calkerin From Cyles	23. If death was due to external causes (VIOLENCE) fill in also the following:
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMATAL Place 19. UNDERTAKER (Address) 20. FILED 30-ay 1984 Bra Manuelle Registrar. Where did injury occurr? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of injury 24. Wes disease or injury in eny way related to occupation of deceased? If so, specify (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) Manner of injury 19. UNDERTAKER (Address) (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) Manner of injury 19. UNDERTAKER (Address) (Signed) (Signed) (Address) (Address)	5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMATAL Place Place 19. UNDERTAKER (Address) 20. FILED 20-ay 1984 Bra Manner of injury Registrar. Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury Nature of injury 24. Wes disease or injury in eny way related to occupation of deceased? If so, specify (Signed) (Address) (Address) (Address)	State or country)	
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Place Packer Dame Date 1934 Nature of injury 19. UNDERTAKER Payword N. Dright 24. Wes disease or injury in eny way related to occupation of deceased? 16 so, specify (Signed) (Signed) (Address) (Address) All Multiple 1966.		
19. UNDERTAKER Carried Congress of injury in env way related to occupation of deceased? 24. Wes disease or injury in env way related to occupation of deceased? If so, specify (Signed) (Address) (Address) (Address) (Address)	Baka 1 1 1 2 2 30 94	
20. FILED 30-ary 1984 Bra f mecuny (Signed) (Address) (Address) (Address) (Address)	Tido I de la companya del companya della companya d	Nature of injury
20. FILED 30-ary 1984 Braf Processes (Signed) JAM MILLER M. D. Regitrar. (Address) All Will John M. D.	To other than the same of the	
20. FILED 20-thy 1987 (Address) Aldrich 1 Lolling	(Address) (Mackuselle	Dal Chankland
1,0000 - 01.1000		
		1,0000000000000000000000000000000000000

CTATE OF MADVIAND CEDTIFICATE OF DEATH

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Example I	A Providence	Example II	
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Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
* REMEATING	October 1997		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Date of onset

V. S. No. 1

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Arteriosclerosis 3	1015	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	J 1021	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1997	Peritonitis	3 days ago
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08199
1. PLACE OF DEATH	79-3
County reduce &	Registration Dist. No. /2/
Village or City frederick	No. 133 M. South St., Ward
D 11	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds
61.1.1.	ds. now long in 0.3.11 of foreign diffin yrs
2. FULL NAME CONSAVER MANGE	with the same of t
(a) Residence: No. 1381	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLÉ, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	LI DATE OF BEATH CHES 4 102 CF
5a. If morried, wildered, or directed	(Month) (Day) (Year)
HOSPAND OF CONTROL OF	22. HEREBY CERTIFY That I attended deceased from
(or) threat	aug 3 1934 to aug 4 1984
6. DATE OF BIRTH (month, day, and year) Oct. //- 1863	Hast sew h see elive on aug 4/1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
70 9 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	Chronic Ingrandites Date of onse
kind of work done, as SPINNER.	
9. Industry or business in which work was done, as SILK MILL	
SAW MILL, BANK, etc.	
- Spaint in this	
year) octupation octupation	Other Loutributory Causes of importance:
12. BIRTHPLACE (city or town) Trederice	Gretnal hemorrhage
(State or country)	
13. NAME Development 14. BIRTHPLACE (city or town) Barrans	arteus Telerosis
14. BIRTHPLACE (city or town) Barran	Name of operation Date of
(State of country)	What test confirmed diegnosis? Was there an au'opsy?
15. MAIDEN NAME COVA M. Talk	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME OVA JU. Falk 16. BIRTHPLACE (city or town) Bavana	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Mushoo theets	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Balto 100	
18. BURIAL TREMATION, OF REMOVAL	Manner of Injury
Place Date Date 1939	Nature of injury
19. UNDERTAKER GEGRESSE + Son	24. Was disease or injury in any way related to occupation of deceased? %
(Addiess) Future 12.	If so, specify
20. FILED 6 - any 1924 Doral melind	(Signed) M. Decece M. D
20. FILED Registral.	(Address) Fredrica Mo.
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
MUDITIONAL	DIACE	T. OIL	T. O ROLL TITIZED	STATIMITME	DI	LHISICIAN



1. PLACE OF DEATH

STATE OF MARYLAND-CERTIFICATE OF DEATH

Oate of onset

(Oay)

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

S. No.

20. FILEDILL

pluods

STATE OF MARYLAND—CERTIFICATE OF DEATH

Date of onset

3 days

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carefully important. ii DEATH pe plnods OF CAUSE mation LION

(Address) 18. BURIAL, CREMATYON, OR REMOVAL

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

19. UNDERTÄKER (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

If so, specify

Accident, sulcide, or homicide?

Specify whether injuty occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

24. Was disease or injury in any way related to occupation of deceased

(Specify city or town, county and State)

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BUREAU			
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Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

state UPA.	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	23
should f Occ	County ctrederick	Registration Dist. No. / 3
ot of	Village or City Stale Sanalorum	No. Mo. St., Ward
	Length of residence in city or town where death occurredyrs,2mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
YSICIANS statement	2. FULL NAME Elizabeth agno	s majchrzak
SIC	(a) Residence: No. \$ 15 S. Millon a	ve Ward. Balto. md.
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
×	Sermalo Luffer to OR DIVORCED ("write the word)	Mg / 8 198 4
T]	a. If married, widowed, or divorced HUSBANO of	(Month) (Day) (Year)
X A C T I	(or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
	6. DATE OF BIRTH (month, day, and year) (7.28.1905	Hast saw has alive on alive 17
erly cat	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5:30 Am.
stated E properly certificate.	28 9 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
be s of ce	Trade, profession, or particular kind of work done, as SPINNER,	Oate of onset
	SAWYER, BOOKKEEPER, etc.	Automore Takes to
should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc	o morning moracous
E + 0	10. Date deceased last worked at this occupation (month and 1931)	
oplied. AGE erms, so that instructions o	year) nay 17.59 occupation 1270	Other Coutributory Causes of Importance:
d. so ucti	12. BIRTHPLACE (city or town) V W W W (Slate or country)	
efully supplied. in plain terms, ant. See instru	13. NAME John, Marchy al	
suplain te	14. BIRTHPLACE (city or lown) Maryland.	Name of operation More Oate of
ly lai	(State of County)	What test confirmed diagnosis? Child X May Y Po Was There an auropsy? M
be carefully EATH in pla important.	# 15. MAIDEN NAME Katherine Wiets kowski	23. If death was due to external causes (VIOLENCE) fill in also the following:
ld be car DEATH y import:	[6. BIRTHPLACE (city or town)_ Maryland (State or country)	Accident, suicide, or homicide?
be EA7	cu. c M. ol. la.	Where did injury occur?(Specify city or town, county and State)
Should OF Di	(Address) 81 35 Mul In and Bas to madmirsun	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
shoul E OF is ver	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
ion USE N i	Place Q allo- Ma. Date mornoung	Nature of Injury
mation s CAUSE TION is	19. UNDERTAKER M. L. Creager	24. Was disease or injury in any way related to occupation of deceased?
7	(Address) humant of ma.	If so, specify
1)	20. FILEO 0//8 19.34	(Signed) M. D.

STATE OF MARYLAND-CERTIFICATE OF DEATH

08293

(Ardress) HIRL A 411 a If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balismore, Requesting V. S. No. 1.

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			7
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis 7 A	1 year
		10 2 3	
			•

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
This hattens complained to days before I was	
called she laid on the floody one might and was	
whilled 4 was called to see out being the had some for	
Awar mother and is she doesn't get better will let my called	
 aspain for sund her free Server estensely from Streptinous in Sec	len
called the laid on the floory one might and was sort throat mother said to sel first bright had some sort throat mother said is she doesn't get the liter will be my called as jain joth sound her suffering intensely from Streptions in the stomach and small metablicage on less thousand for the streptions in the stomach and small metablicage on less thousand the sound in the strength of the strengt	

W	item of inforshould state of OCCUPA.
0	T. T. ECORD. Every item of infor- Y. PHYSICIANS should state Exact statement of OCCUPA-
OR BINDING	i A PERMANENT KECORD. Every item of inforated EXACTLY. PHYSICIANS should state operly classified. Exact statement of OCCUPA.

STATE OF MAR	YLAND-	CERTIFICATE OF DEATH	08293
County to device		940	37
~P·/ /-/-		Registration Dist. No/_\	J
Village or City (X worky town	, (I	NoSt. St. death occurred in a hospital or institution, give its NAME instead of street	and number)
Length of residence in city or town where death occurred.	yrsmo	s^ds. How long in U.S. if of foreign birth?yrs	mos
2. FULL NAME TRUE Fillia	ww /No	ylege	
(a) Residence: No.		St. Ward.	
(Usual place PERSONAL AND STATISTICAL PARTI		If nonresident give city or town	
	RIED, WIDOWED,	MEDICAL CERTIFICATE OF DEAT 21. DATE OF DEATH	Н
mules Mat OB-DWORGEI	(write the word)	aug - 23rd	193 44
oa. If married, widowed, or divorced	wen	(Day)	(Yaar)
HUSBAND of Williama	Brandens	1 HEREBY CERTIFY, That I attar	ndad deceased fro
6. DATE OF BIRTH (month, day, and year) Och - 6-	\$854	t last sawh slive on Saw him 10	19
7. AGE Years Months Days	If LESS than	to have occurred on the date stated abova, at 3,300 m.	; deeth is sa
79 10 17	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trede, profession, or particular	of the state of th	wera as follows:	Date of one
kind of work done, as SPINNER, Kelicedo	armed	angina Fectoris	aug-2
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, atc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last workad at this occupation (month and the state of			
Spen	t in this		
yeer) Occu	pation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)			
(State or country) 13. NAME Resdon Moste	1	Myocardiles	about
m li	4		
14. BIRTHPLACE (city or town)		Neme of operation Date	of
	16	Whet test confirmed diegnosis? Was there	
45.7	7	23. If deeth was due to external causes (VIOL ENCE) fill in elso the follo	
16. BIRTHPLACE (city or town) Mdg (State or country)		Accident, suicide, or homicida? Date of injury	, 19
mar Educard Man	- N - ()	Where did injury occur? (Specify city or town, county and	State)
(Address) Westy Jown, 7	ud.	Specify whether injury occurred in INDÚSTRY, in HOME, or In PÚBLIC	PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Menner of Injury	
Place unprouve, ma Date ulle	1-26,1930	Nature of Injury	
19. UNDERTAKER Topially & albaneg	1	24. Was disease or injury in any way related to occupation of deceesed	140
(Address) Librity Foron, M	d.	If so, spacify	
20. FILED aug 25, 1934 70 Cush	4.04	(Signed) Ottop PIX rone	М.
1 -1 //	Registrar.	(Address) Q Wirty Jown, M	di.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SFP # 1924			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5, 1927	Peritonitis	3 days ago
HUKE N			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



UNFADING INK-THIS IS A PERMANENT properly classified. MARGIN RESERVED FOR BINDING stated AGE should be supplied.

See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may B.—WRITE PLAINLY, WITH mation should be carefully TION is very important.

V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

4		0	(1	5.00
0	3	2	1)	â

1. PLACE OF DEATH	119
County Frederick	Registration Dist. No. / 2 / ·
Village or City Frederick	No 129 8 4 th Street so Wood
J A	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whera death occurred	nosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Betty Lovise Palmer	
(a) Residence: No. 129 East Fourth Street	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Female White Single	August 16, 1934
5a. If married, widowed, or worked August.	(month) (bay) (real)
(or) WIFE of	1 HEREBY CERTIFY Thet I ettended daceased from
N	- ung 10, 19 X, to (lug 10, 15) X
6. DATE OF BIRTH (month, day, and year) Jonesany 31,19	I last saw har alive on alie 9 / 0 , 19 4 death is said
7. AGE Years Mooth Days If LESS than	to have occurred on the date stated above, at 3:10 Pm.M.
0 6 5 1 day,hi	ware as follows:
8. Trada, profession, or particular	Date of lonset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	West you live bufell 710
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (months and	
SAW MILL, BANK, etc	
O 10. Date deceased last worked at this occupation (month and year) spant in this occupation.	
	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) Maryland (State or country)	VII MAN MAN A K. Storm
	- 1000000000000000000000000000000000000
13. NAME Thomas W. Palmer 14. BIRTHPLACE (city or town)	- January Company
4 14. BIRTHPLACE (city or town)	Name of operation Deta of
(State or country) Mary cand	What tast confirmed diagnosis? Was there an au'opsy?_??
15. MAIDEN NAME Esther Marie Spangler 16. BIRTHPLACE (city or town)	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
E (State or country) Maryland	Where dld injury occur?
17. INFORMANT Thomas W. Palmer	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 129 Fast Fourth St.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mt. Clivet Cem. Date 8/18/34 19	Nature of injury
M.R. Etchison & Son	24. Was disease or injury in any/way-related to occupation of deceased?
19. UNDERTAKER Frederick, Maryland	If so, specify
1.0	Market Classic
20. FILED 17-any 1924 ona meline	(Signed) M. D.
Registrary	(Address)
2) more viants are needed, address State Megistre	it, 2411 IN. Charles Street, Ballimore, Kequesting "U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
6EP 5 353			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 118298
1. PLACE OF DEATH	
County Frederick	Registration Dist. No./ 2/
Village or City Frederick	No monteque Dobutal St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME Frank Streleps	
(a) Residence: No. Tranteme Huspita	Cst. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male thite Single	(Month) (Day) (Year)
5a. If married, widowed, or divorced	
HOSBARD of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
1. 6 - 1864	, 19-2-, 10
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on 19.3 ; death is sald
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importanco were as follows:
8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	
SAWYER, BOOKKEEPER, etc.	
work was done, as SILK MILL, SAW MILL, BANK, etc	Might Demystelegace big 11
U 10. Date deceased last worked at 11. Total time (years)	
this occupation (month and spent in this occupation year)	
900	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Contens Salerous 1932
W 13. NAME Cenkrown	Consens determined
I IV, NAME	
14. BIRTHPLACE (city or town).	Name of operation
	What test confirmed diagnosis?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
0 16, BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Frakerick Med	
18. BURIAL, CREMATION, OR REMOVAL Place Date Date 1939	Manner of Injury
Place Date Date 19.39	Nature of injury
19. UNDERTAKER James a mes Luft	24. Was disease or injury In any way related to occupation of deceased?
· (Address muteuf Hafrifal Hoelle	If so, specify
20. FILED IF any 1924 Soral precently	(Signed) Della M. D.
Register.	(Address) Almy ma
If more blanks are needed, address Star Registrar	2411 N Charles Street Relimore Requesting T) S No x

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SER 5 1904			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

N. B.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	<u> </u>
County Mysell Imdich Con	Registration Dist, No. 145
Village or City Amphill	Y ND. St Ward
Length of residence in city or town where death occurred via mos	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurred	ds. How long in U.S. if of foreign birth?yrsmos,ds.
2. FULL NAME / Clean to	Reger
(a) Residence: No. Myenella A	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4 COLOR OF RACE 5 SINCIF MARRIED WINDWED	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, QR DIVORCED (write the word)	21. DATE OF DEATH
May Comme Historia	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. 1 HEREBY CERTIFY That I attended deceased from
(or) WIFE of JAQ. Nature Toffenly	
6. DATE OF BIRTH (month, day, and year) Price 15- 1857	
7. AGE 7 Yeers Months Days If LESS than	10P
7. 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence
ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Cetarrid, Michian.	1 Strut
9. Industry or business in which Blacksmith and	Carcinoma of Mostar
work wes done, es SILK MILL, Largenter SAW MILL, BANK, etc.	gland april
O 10. Date deceased last worked et 11. Total time (years)	1 /934
this occupation (month and 1932 spant in this 55	
12. BIRTHPLACE (city or town) mean myersville.	Other Contributory Causes of importance:
(State or county)	appros
13. NAME JORGE Tollinham	
E M m. M op	
V 14. BIRTHPLACE (city or town) Media (State or country)	Name of operation
	What test confirmed diegnosis? Was there an au'opsy?
I	23. If deeth was due to externel causes (VIOLENCE) fill in also the following:
(State of Sounity)	Accident, suicide, or homicide?
- (State of country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Goldin M. Nowsh.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Mynth md	
18. BURIAL, CREMATION, OR REMOVAL Place Millsride MA Date On a 4 1854	Manner of injury 2004
Place Manifes MA. Date Ung 4, 1934	Neture of injury
19. UNDERTAKER & Zelle Brothe	24. Was disease or injury in any way related to occupation of deceased?
(Address) mynill me	If so, specify
20, FILED Aug. 3, 193/A. William S. Wachtel	(Signed) & Me Harp M.D.
Registrar.	(Address) / Mid ale town

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage .	July 5,1927	Peritonitis	3 days ago
BUREAU	• • • • • • • • • • • • • • • • • • • •		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTH	ER STATEMENTS BY PHYSICIAN
----------------------------	----------------------------

2-1	-01	75)	1
County	CCC	Registration Dist. No.	
Village or City / 3/Lux	swers	No. St., death occurred in a hospital or institution, give its NAME instead of street and num	Ward
Length of residance in city or town where de		ds. How long In U.S. if of foreign birth?yrsmos	
2. FULL NAME GOOG	· Cartes		
(a) Residence: No.		St., Ward.	
PERSONAL AND STATISTIC	(Usual place of abode)	If nonresident give city or town and Sta	ile
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
Engel. whit.	OR DIVORCED (write the word)	wy	93 4
5a. If marriad, widowad, or divorced HUSBAND of		(Month) (May)	(Year)
(or) WIFE of Mande Y	usse?	22. I HEREBY CERTIFY, That I attended dec	
6. DATE OF BIRTH (month, day, and year) Work	mour 1884	, to 1 last saw h alive on 1 last saw h alive on 19	
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, atm.	441113 3414
about 50	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and selated causas of importanca were as follows:	
8. Trada, profession, or particular kind of work dona, as SPINNER, AWYER, BOOKKEEPER, etc.	Second	facus and	ate of onset
	har of	Mistor and marin	
9. Industry or business in which work was done, as SILK MILL, fun. SAW MILL, BANK, etc	denel t work	in clevere	
ting occupation (month and	11. Total time (yaars) spent in this	a chole your y Ende	
yaar)	occupation	Other Contributory Causes of importanca:	2
12. BIRTHPLACE (city or town) (Stata or country)	V4		
1 / 0 /	inte.		
13. NAME THE BERTHPLACE (city or town)	\ 44.A	Name of operation Date of	
(Stata or country)		What test confirmed diagnosis?	
15. MAIDEN NAME Than ?	raylis	23. If death was due to external causes (VIOL ENCE) fill in also the following:	,
16. BIRTHPLACE (city or town)	116	Accident, suicide, or homicide? Data of injury	_, 19
(Stata or country)	0	Whare did injury occur? (Specify city or town, county and State)	
17. INFORMANT R 10 DULL	A	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
18. BURIAL, CREMATION, OR REMOVAL	the the the tenth of te	Manuscraftston	
Place Buck Decept Burns	Data Suy 18 , 1934	Mannar of Injury	
19. UNDERTAKER A TUTY HOL	7	24. Was disaasa or injury lp my way related to occurration of decaasad?	
(Address) Domawich	me ,	If so, specify	
20. FILED aug. 8, 1934 M	10 H & Make	(Signad) Cyru VCAV	M/D.
1	Registray.	(Addrass) J rule sure)	14
If more bo		(Addrass)	

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	Registration	Disk skie	121	
-	Registration	DIST. NO.	Landref.	
1	rive its NAM	Pila	St.,	Ward
on.	rive its NAM	E. instead of st	reet and n	imber)

MEDICAL CERTIFICATE OF DEATH

(Day) CERTIF.Y. That I attended deceased from

The PRINCIPAL CAUSE OF DEATH and related causes of importance

Date of onset

Accident, suicide, or homicide? ______ Date of injury ______ 19.

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE

24. Was disease or injury in any wey related to occupation

(Signed)_

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting No. S. No. 1.

V. S. No. 1

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RUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

0	3 t le			94		122	
	rederick w Middlet				Registration Dist.	. No	٠
Village or C	tywiduled	OWII	(1	NoNo f death occurred in a hospital	or institution, give its NAME inst	tead of street and numb	Ward ber)
Length of resi	lence in city or town where	death occurred			U.S. if of foreign birth?		
2. FULL NA	WE Miss Kat	ie Elizab	eth Rudy				
(a) Residen	ce: No. Main St.	(Usual place		St., Ward.			
PERSON	AL AND STATIST			I MEDIC	AL CERTIFICATE O	city or town and State	c
3. SEX	4. COLOR OR RACE	S. SINGLE MAR	RRIED WIDOWED.	21. DATE OF DE	- T-14	8.0	4
Female	White	or Divorce Singl	D (write the word)		August 1st.	, 193	3(Year)
HUSBAND of	ed, or divorced			22. A I HER	EBY CERTIFY,	That I attended dece	ased from
(or) WIFE of				Jul	,1934, to au		1934
	month, day, and year)	November		I lest saw hET_ alive	on aug 11.30F	19.34; de	ath is said
7. AGE Yea		Days	If LESS than 1 dey,hrs.	to have occurred on the d	ate stated above, at	m.	
67	8	6	ormin.	were as follows:	or program and related causes of		ate of onset
B Trade, profe kind of sawyer	sion, or particular ork done, as SPINNER, BOOKKEEPER, etc	Companion	, house work	Classia	Myocardi	to note	ect
9. Industry or	business in which	· · · · · · · · · · · · · · · · · · ·		- CW Cour.	ragocorac		4.7
SAW MII	done, as SILK MILL, L, BANK, etc	At Home		-	4		<i>V</i>
this occu	ed last worked et pation (month and	/ / ens	time (years) ent in this upation45				
N w year)		94.0-2 0c.	upation	Other Contributory Cause	of importance:		
12. BIRTHPLACE (ci (State or cou		and		A cilie	Restance	0.	, , 2
	George E. R	udv		Migray	/carbas	July	
13. NAME				Name of operation	cone	Date of	
(State or	country) Mary	land			nosis?		psy?
15. MAIDEN NA	ME Elmira C	ockran		23. If death was due to ext	ernal causes (VIOL ENCE) fill in	elso the following:	
15. MAIDEN NA				Accident, suicide, or homi	cide? 10 Date	of injury	., 19
≤ (State or	country) Maryl	and		Where did Injury occur? (Specify city or town, county and State)			
17. INFORMANT (Address)	Miss France			Specify whether Injury oc	curred in INDUSTRY, in HOME,	or in PUBLIC PLACE.	m
	ION, OR REMOVAL			Manner of Injury _ 74	oxl		
18. BURIAL, CREMAT		meda Com.	8/4/ 19 34	- Nature of injury			
18. BURIAL, CREMAT	lletown Refor						
18. BURIAL, CREMAT	M. R. Etchison				In any way related to occupation		
18. BURIAL, CREMAT		& Son	0				

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BAIDEAU V S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(200-2)
County Fordul	Registration Dist. No. 136
Village or City new Lhorslut	No. St., Ward
Length of residence in city or town where death occurredyrsmos	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FULL NAME RUSSEL	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of	21. DATE OF DEATH (Month) (Day) (Your)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, 2-hrs. 0r	I last saw h alive on, 19, 19, 19, 19, 19
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month end year) 12. BIRTHPLACE (city or town) 13. NAME Robert Russell 14. BIRTHPLACE (city or town)	Cours Carbinound No Physican Other Cantributory Causes of importance:
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME ESSEX DEL 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT ROLL (Address) AND ROLL (Address)	23. If death was due to external causes (VIDLENCE) fill In also the following: Accident, suicide, or homicide? Dete of injury, 19 Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Ling Could Date Orce 14, 1974	Manner of Injury
19. UNDERTAKER Gen II Puller (Address) Find Route #2, 20. FILED CLY 14, 1974 & Offindref son	24. Wes disease or injury in any way related to occupation of deceased? If so, specify (Signed) 4.0 Forugue flow 12eg M.D.
Registrar. If more blanks are needed, address State Registrar.	(Address) A A A A A A A A A A A A A A A A A A

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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUKENE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		.,,	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	12.
county Stredick County	Registration Dist. No. 131:
Village or City Trederick	No. Frederick City Bospital St., Ward death occurred in a hospital or institution age its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	How long in U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Lucy & Skidmote	
(a) Residence: No. 7W. D. J. (Usual place of abode)	St., Ward. If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married The arrive of the color of the	21. DATE OF DEATH Auy (Modith) (Day) (Year)
5a. If married, widowed, or divorced	
(or) WIFE of gopher P. Skidmore	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 1863-May-15	I last saw her alive on aug 1 193 1; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
7/ 2 /6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Kouse - wife SAWYER, BOOKKEEPER, etc.	Intestional obstruction gul 27
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (unouth end	gangrenous Parme D.
10. Date deceased last worked at this occupation (month and year) 2 5 6 4 3 4 11. Total time (years) spant in this occupation 4 04	0 8
12. BIRTHPLACE (city or town) Carroll County (State or country)	Other Contributory Causes of importance: - Www. Strangulates
	Herrin,
E 00 0 0	Name of according Tapon a Comer a point Grand Tab
(State of country) - 171 BOCK V acces	What test confirmed diagnosis? Explication Was there and u'opsy? 200-
15. MAIDEN NAME mary clan Jodd	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Than Sold 16. BIRTHPLACE (city or town) Filederick County	Accident, suicide, or homicide?
(State or country) maryland	Where did injury occur?
17. INFORMANT Goldher P. Skildmore (Address) P. F. D. Westminster ma	(Specify city or town, county and State) Specify whether injury occurred in industry, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place benger bushy Date ling 4 1934	Nature of injury
19. UNDERTAKER 6. M1. Walls	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 1- aug , 13 & Ambure Registrar.	(Signed) (Address) Factorial M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

LION

OCCUPA-

pluods

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	3
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	3
Other contributory causes of importance:		Other contributory causes of importance:		A 12.4
Gallstones	May 1,1923	Gastroenteritis	1 year	

LION

S. No.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FU	THER STATEMENTS BY PHYS	ICIAN
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should state

STATE OF MARYLAND-CERTIFICATE OF DEATH

08218

1. PLACE OF DEATH	0
County Itzderick	Registration Dist. No. 13/
Village or City France &	Marline Hospital St., Ward
Length of residence in city or town where death occurredyrs	(If death occurred in a horpital or institution, given's NAME instead of street and number)
JN.00.	Towning in 0.5.11 of foreign units:
2. FULL NAME Milliam D	hat
(a) Residence: No. Daraholoron (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	H H
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID	
OR DIVORCED (write the	
mare of the Single	(Month) (Day) (Yeer)
5a. Husband of (or) MIFE of	22. I HEREBY CERTIFY, That I attended deceased from
in surce	ange 7 , 1934, to Careg. 19, 1937
6. DATE OF BIRTH (month, day, and year) Fruit 7,186	I last saw have alive on fight fight, 19.3. The death is said
	to have occurred on the date stated ebove, at 8m.
6575 94 912 1 day,	min was a fellowed by DEATH and related classes of importance
Trade profession or particular	Data of onsat
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Intestional Hemorkage and
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) this occupation (month and	
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked et this occupation (month and year) spent in this occupation coupation.	
The season of th	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	- diploud for the day,
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Dete of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Many Muller	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Many Mulling 16. BIRTHPLACE (city or town) - January lawy	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT fames force	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Fragerica In. 18. BURIAL, CREMANION, OR DEMONAS. 1	1
Place Your and Chale Bu Date and 25	Manner of injury
LI Me VIII	Nature of injury.
19. UNDERTAKER TIME SMY SUC	24. Was disease or injury in eny way related to occupation of deceased?
(Address) mt livy and	If so, specify
20. FILED 21 - ang, 19 34 Dr. 2 2 mg	Circle (Signed)
R	istrar. (Address) INGCLON CHANGE
If more blanks are needed, address State	Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

N. B.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH (18219)
1. PLACE OF DEATH	
County frederick with the Corporation	Registration Dist. No. / 2/
Village or City Trederick	No. 2225 Carroll St., Ward
7 //	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds,
2. FULL NAME Horence Virgini	a Stokes
(a) Residence: No. 222 S. Carroll	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED write the word	ZI. DATE OF BEATH Mug. 9/15- 193 4
5a. If marieo, widowed, or divorced	(Month) (Oay) (Year)
HUSBANO OF Frank Stokes	22. I HEREBY CERTIFY, That I attended deceased from aug 21, 1934, to aug, 7/2 1938
6. DATE OF BIRTH (month, day, and year) OCX. 16-1865	I last saw h. Rea alive on aug. 74 ,19.3 4 death is said
7. AGE Years Months Days If LESS than 2 7 1 day,hrs.	to have occurred on the date stated above, atm.
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, House feet	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occuration (month end	Cauca of Stromes 1 year
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month end 934) 11. Total time (years) spant in this occupation 12. Total time (years)	
12. BIRTHPLACE (city or town) Frederick e	Other Contributory Causes of Importence:
(State or country)	Nauva . Pais & morting
14. BIRTHPLACE (city or town) Carroll Co.	
14. BIRTHPLACE (city or town) and co.	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIOEN NAME Margaret & Washburgt	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Mis Sco. Hoffman	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, 69. REMOVAL	Manner of injury
Place Met olive Xleng Oate 9 - any 1934	Nature of injury
19. UNDERTAKER 6. E. Coline than (Addiess) Fredrick, mid	24. Was disease or injury in any way related to occupation of deceased? Heard Torra
20. FILEO F-Cary, 1934 oral meenly Registral	(Signed) Churche J. Goodee M.D. (Address) 12 2 Complete
If more blanks are needed, address State Refistrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 7.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example 11	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU Y. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

05220

(Year)

Date of onset

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ALDEAL V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE F	R FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

-death is said

Date of onset

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Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS	BY	PHYSICIAN	
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V. S. No. 1 N. B. 45000

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	938
County Frederick.	Registration Dist. No. 72/:
	No. 12 St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?
2. FULL NAME Carrie Cornie Blosses (a) Residence: No. Mr Pleaseur, mm	st. — Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) THANKE	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Afarry Alvernage	22. I HEREBY CERTIFY, That I attended deceased from aug 14, 1934, to date 1/14 1934.
6. DATE OF BIRTH (month, day, end year) 27-lbm- 1180	I last saw her alive on Dead why Ealled ; death is sald
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, es SPINNER, Afocus efcospics SAWYER, BOOKKEPER, etc 9. Industry or business in which work wes done, as SILK MILL,	Forend dead . Dud deer, ay 14. Probably Kun Arms allock
SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month end alle the spant in this year).	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Garge Stack house 14. BIRTHPLACE (city or town) (State or country) Passes	Name of operation Date of What test confirmed diegnosis?
15. MAIDEN NAME ROSMa Sleautour	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Prosma Reautous 16. BIRTHPLACE (city or town) (State or country) Paul	Accident, suicide, or homicide?
17. INFORMANT Mrs Howard Kempo (Address) Frederick me	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. TO ONE
18. BURIAL, CREMATION, OR REMOVAL Place Lewis lown Motoate Aug. 16, 1939	Manner of injury 1098
19. UNDERTAKER Wellhite Elozagez (Addiess) Thurmong md	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED 13- aug , 1984 dra meeule	(Signed) Charles In Gradell M.D.

If more lights are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			-	

ADDITIONAL SPACE FOR FURTHE	STATEMENTS	BY	PHYSICIA	N
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V. S. No. 1 Bi

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should state

of OCCUPA

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08223
1. PLACE OF DEATH	23
County Frederick.	Registration Dist. No. 158
Village or City new London S=R. f. D. Mt. C	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where death occurred 10 yrs	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Irene Thomas	
(a) Residence: No. New Londow, (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Manuel**	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of frank, Thomas.	22. May 10 13 4 to Wey 11 1934
6. DATE OF BIRTH (month, day, and year) 1914-11-15	I last saw h alive on aleg / 1, 10 X death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, abi 20 a: m
19 8 26 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data decaasad last worked at this occupation (month and yaar) 11. Total time (years) spant in this occupation	Pul monary ?
12. BIRTHPLACE (city or town) Frederick les. (States or country) many land.	Other Contributory Causes of importance:
13. NAME Williams Dorsey,	1/2
13. NAME Stilleanse Dorsey, 14. BIRTHPLACE (city or town) freducish las. (Stata or country) Manyland.	Name of operation Date of
	What test confirmed diagnosis?
15. MAIDEN NAME agues Brown. 16. BIRTHPLACE (city or town) Frederick les. (State or country) Richard.	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT Welliam Alexanders (Address) R.F. II. M.T. H. 1991. 1170	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place New Market County Date ang. 13-, 1934	Manner of injury
19. UNDERTAKER Le M. Walts, (Address) Hut field, Mid.	24. Wes disease or injury in eny way releted to occupation of deceased?
20. FILED ange 13, 1934 Lucian 1. Falconer	(Signed) M.D.

Registrar.

(Address)

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Example, I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Registr

If more blanks are needed, address Stage Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address)

1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH

(Day)

Date of onset

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SEP 5-1934			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year ;
			1

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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Date of onset

Registration Dist. No 121

Uses 14

V. S. No. 1

infor-

1. PLACE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Signed).

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Other contributory causes of importance:	11000	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ΞĠ.

FATHER

MOTHER

15. MAIOEN NAME

state OCCUPAplnods jo

1. PLACE OI		OF MAR	YLAND-	CERTIFICATE OF DEATH	08226
Village or C			(16	Registration Dist. No. / No. Frederick City Hospital death occurred in a hospital or institution, give its NAME instead of stress. 3. ds. How long in U.S. if of foreign birth? yrs.	St., Ward
2. FULL NA	ME Homard Fra ce: No. 16 W Six	nklin Vi	rts Jr. levick	St., Ward. If nonresident give city or to	
PERSON	AL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEA	TH
3. SEX 4. COLOR OR RACE Male 4. COLOR OR RACE OR DLYORCED ("write the word) Single				21. DATE OF DEATH August 11, (Month) (Oev)	193 4 . (Year)
5a. If married, widow HUSBAND of (or) WHF of	Singl	29 ept. 26,	1933	22. I HEREBY CERTIFY. That I at Change 1, 1924, to Change	ttended deceased from
7. AGE Yea		Oays 15	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 1 Aem. The PRINCIPAL CAUSE OF DEATH end related ceuses of important were as follows:	
kind of w SAWYER, 9. Industry or 1 work wes	sion, or perticular vork done, as SPINNER, A BOOKKEEPER, etc. business in which done, as SILK MILL, L, BANK, etc.	t Home		acuti Dientres	2 CHC
- tino occup	ed last worked at pation (month and	sp:	time (years)———— ent in this /		
12. BIRTHPLACE (cit (State or coun		nd >	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Other Contributory Causes of importance:	
	- A E	5			

14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? Was there an au'opsy? 2 Dorothy Jackson 23. If death was due to external causes (VIOLENCE) fill in also the following: Frederick Accident, suicide, or homicide? ______ Date of injury _____ 19 16. BIRTHPLACE (city or town) ___ (State or country) (Specify city or town, county and Stale)
Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Howard F. Virts, Sr., (Address) Frederick. Md. 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Cem.Fred Neture of injury____ 24. Was disease or injury In any way related to occupation of deceased?___ 19. UNOERTAKER M. R .Etchison & Son Frederick If so, specify 20. FILED 13 - aus . 1984

Registrar. If more bunks are needed, address Stafe Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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BUREAU Y S	4			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	CERTIFICATE OF DEATH 0823	1 10
1. PLACE OF DEATH County The device	Registration Dist. No. 1 2 1	
Village or City monthly Hospital	Nomonter e Institut st.	Ward
(If Length of residence in city or town where death occurredyrs,mos	death occurred in a horpital or institution, give it NAME instead of street and number)	ds.
2. FULL NAME Mrs derine Weelo		
(a) Residence: Np. Dorubs M. d	St., Ward.	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH aug 1, 193 1-	<u></u>
5a. If married, widowed, or divorced HUSBAND of	(Month) (Dey) (Yea	m)
(or) WIFE of Thomas Weedon	22. I HEREBY CERTIFY. That I attended deceased	a from
6. DATE OF BIRTH (month, day, and year) Wor [, 189]	Hast saw har delive on July 3/ 1934; death I	is seld
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 4.13 4.m. The PRINCIPAL CAUSE OF DEATH and related causes of importence	
H 2 O or min.	were as follows:	onset
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which	Masser July	,29
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month end	Chronic reposition Curt R. 8/14/1935	
10. Date deceased lest worked at this occupation (month end year) 24 11. Total time (yeers) spent in this occupation occupation	- 1 std 1935	
12, BIRTHPLACE (city or town) Warsh and	Other Contributory Causes of importance:	
(State or country)	Jarenshymton hiplantis last	2/6
13. NAME John Voluting 14. BIRTHPLACE (city or town) Manual		7
14. BIRTHPLACE (city or town)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?	200
# 15. MAIDEN NAME Wary Bruce	23. If deeth was due to external causes (VIOL ENCE) fill in elso the following:	
15. MAIDEN NAME Way Bruce 16. BIRTHPLACE (city or town) Wayland (State or country)	Accident, suicide, or homicide?	
17 INFORMANT James Q. Jones Surget.	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) Worthern troops. The devil Mid		
18. BURIAL, CREMATION, OR REMOVAL Place Quint of Raches poate ang 3, 1934	Manner of Injury	
19. UNDERTAKER M. R. Cilchison & Sora	24. Was disease or injury in any way related to occupation of deceased?	
(Address) frederigely Mich	If so, specily	
20. FILED 2 Cent, 1924 Coral Janeauch	(Signed) (Address) Paralerial P	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1 N. B.

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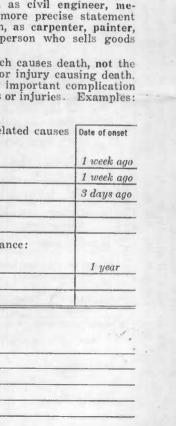
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Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 08238
1. PLACE OF DEATH · A	93-2
County Tre deri els	Registration Dist. No./3/
Village or City I Toutevre Arspetal	Nomontecue Infutalse Ward
Length of residence In city or town where death occurred3yrs	If death occurred in a horpital or institution, give its NAME instead of street and number) s
2. FULL NAME WAS MAGA COODS William	· A
	1 , a
(a) Residence: No. U.S. (Usual place of abode)	Mard. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of UNROWN	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Nov 11, 1846	19.5 9, to 2, 19.5 9
6. DATE OF BIRTH (month, day, and year) UVV 11, 184 9 7. AGE Years Months Days If LESS than	Hast saw h , 19.7 %; death is said to have occurred on the date stated above, at m.
87 9 14 Iday, hrs.	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	
SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occuration (month and	14. reconjulações stog 20
year) 4 3 0 occupation D 70	Othar Contributory Causes of importance:
12. BIRTHPLACE (city or town) VU and and (State or country)	
	- Chronio myo cuditio 1930
13. NAME Hauson J. Bartholon 14. BIRTHPLACE (city or town) und	
14. BIRTHPLACE (city or town) Le d	Name of operation Date of
	What test confirmed diagnosis? Was there an au'opsy?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Wall a Call	Accident, suicide, or homicide?
17. INFORMANT aures aust. (Address) Montenant Frant Sie d. H. M.d.	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place Not. S laward lawing. Ceng 28, 19-3 4	Natura of injury
19. UNDERTAKER 6. M. Half. (Address)	24. Was disease or injury in any way related to occupation of deceased? Loo
20. FILED 7- any 1924 ora Jone Registral.	(Signed) Tableanas M. D. (Address) Faderick and
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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BUREAU V S	3		
Other contributory causes of importance:	J	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08239
1. PLACE OF DEATH	<u> </u>
Village or City Trederick	Registration Dist. No. / 3/
C (If	death occurred in a hostital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Worldwitten Sand	& Slent,
(a) Residence: No. / 121 Octord / _	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) , 193 (Yest)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Julia Alvey Worthing?	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) affice 12-1858	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 8 - 2 - m.
76 3 26 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade, profession, or particular kind of work done, as SPINNER CELLS SAWYER, BODKKEEPER, etc.	Mys cadial Souff ain
kind of work done, as SPINNER SAWYER, BODKKEEPER, etc. S-Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	1 2476
11. Total time (years) this occupation (month and year) year) occupation	
12. BIRTHPLACE (city or town) Urbana	Other Contributory Causes of importance:
(State or country)	Chrone replach,
13. NAME John T. Northingto	Disteto Milliture.
13. NAME John Northunds 14. BIRTHPLACE (city or town) Web and the secondary of the seconda	Name of operation
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Mary R. D. Simons	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Mary R. D. Shiring Co., 16. BIRTHPLACE (city or town) Tresline & Co., (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Mrs. Glan H. Northington (Address) Fredrick Juld	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CHEMATION, OR REMOVALE Place M. Colinst Cens Date ang 10-, 193 y	Manner of injury
19. UNDERTAKER 6 & Coline + for (Address) Frederick med	24. Was disease or injury in any way related to occupation of deceased?
20. FILED & - any 1924 door I knowing Registration	(Signed) (Address) Audition Charles M. E
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURFAIL V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	- 1 year

V. S. No. 1 ğ of OCCUPA-

STATE OF MARYLAND-	CERTIFICATE OF DEATH 08230
1. PLACE OF DEATH	(0.2)
county I reduced	Registration Dist. No. 139
Village or City State Sanatory	No. Md. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U. S. if of foreign birth?yrs,mosds.
2. FULL NAME Harry VM. Sie	ally 10 th
(a) Residence: No. 35 S. Calverlon (Osual place of abode)	If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write this word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Catherine J. Ziegler	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) (701-5.1880)	I last saw h. Ann alive on Oug 3 1934; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at 12:05 Pm.
54 6 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
le 9 Trade profession or particular	wera as follows: Date of onset
6 SAWYER, BOOKKEEPER, etc	
A Trace professing, or particular to the following professing which work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this programme) this programme in the second profession of t	Mutmonary sitercutoris
To Date deceased last worked at this occupation (month and 11. Total time (years) spent in this year) 11. Total time (years) spent in this occupation occupation.	tom:
12. BIRTHPLACE (city or town) Balto . Md. (State or country)	Other Contributory Causes of importance:
# 13. NAME HEARTH & . BIRGSON	
E Jan 10	14.65.0
4 14. BIRTHPLACE (city or town) (State or country)	Nama of operation Date of Date of
	What test confirmed diagnosis? Man X May Y Da Was there an au opsy?
# 15. MAIDEN NAME Lucretta, Cill	23. If death was due to external causes (VIOLENCE) fill in elso tha following:
15. MAIDEN NAME Lucretia all 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State of county)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Havy M Jugler Con admission (Address) 135 S. Calverton Rd. Baltyn	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 19 al more More Mikmonnon	Nature of Injury
19. UNDERTAKER M. L. P. D. G.	24. Was disease or injury in any way related to occupation of deceased?
20 FILED 8/13 1034 MULTURE	(Signed) Allowar A. Staffer M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ogo
Other contributory causes of importance: Gollstones	May 1,1923	Other contributory causes of importance: Gastrocnteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATE	MENTS BY	PHYSICIAN
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	S	TATE C	OF MAR	YLAND-	CERTIFICATE	OF DEA	HTA	08231
1. PLACE	OF DEA	TH			(92-a)			
County	rederi	k		V		Registration	Dist. No.	3/
	r City	Feagavi	lle		No. Fearcal		C+	Word
			74	, V	death occurred in a pospital or institut	ion, give its NAM		
			death occurred		ds. How long in U.S. if of	f foreign birth?	yrs	mosds.
2. FULL N	AME Mr	Ellen	Rebecca	Thomas Zim	merman			
(a) Resid	dence: No	rea	fore	le m	St., Ward.			
DEDG			(Usual place		1	The second secon	t give city or town	
3. SEX			ICAL PART		MEDICAL CE			H
female	whi:	R OR RACE	OR DIVORCE	RRIED, WIDOWED,	21. DATE OF DEATH	August	17th.,	4
			widow		-	(Month)	(Day)	(Year)
5a. If married, win HUSBAND of (or) WIFE of	dowed, or divi	Tenmy Zin	merma n		22. I HEREBY	CERTIF	Y. That I alte	nded deceased from
(OI) WIFE O	o orali	-city - Li	MIGT DECTI		1 / A	1932 to	my M	1 1954
6. DATE OF BIRT	H (month, day	y, and year) Se	pt. 5. 1	854	I last saw h er elive on	my /3	1 19	4.; death is said
	Years	Months	Days	If LESS than	to have occurred on the date states	d ebove at 12.	05R2	
	79	11	12	I day,hrs.	The PRINCIPAL CAUSE OF DEAT	Mand related cay	ses of importence	
Z 8. Trade, pr	ofession, or pa	articular	d		Manney 1	Vals	ulas	Date of onset
			Mousewife	 	- groves	IVV	0	1936
9. Industry	or business in was done, as \$	which SILK MILL.	N.A. 3		Allos me	em	. 10	
SAW SAW	was done, as S MILL, BANK, o eased last wor		At home	At (MATO	Hou	01.11	
	ccupation (mo	nth and	_L sp:	time (years) ent in this supation50	Maria	1/40/11	WWW MA	La S
year)		27		upation50	Contributory Causes of impor	rtance:	1	0.0
12. BIRTHPLACE		Maryland	7			J	····/	60
(State or		T. Whipp	2			11/1/201	10,	7
13. NAME 14. BIRTHPLA	Damuel	Maryla			COMMIC	NVV	1	07/
14. BIRTHPL	ACE (city or to	wn)	7. A ALU.		Name of operation		Date	of
(State	e or country)	y Ann The	oma.s		What test confirmed diagnosis?		Was there	an au opsy?
15. MAIDEN	NAME	aryland			23. If death was due to external caus			
	ACE (city or to	wn)			Accident, suicide, or homicide?		Date of Injury	, 19
(State	or country)				Where did injury occur?	(Specify city o	r town, county and	d State)
17. INFORMANT .	Mrs. E	ick, Md.	r • ,		Specify whether injury occurred in	INDUSTRY, in H	OME, or in PUBLI	C PLACE.
(Address)			R. D.					
		1975	A Data ATTO	20, 1934	Manner of injury	•		
		Etchison		54	Nature of injury			
19. UNDERTAKER	Fred	prickM	d:		24. Was disease or injury in any wa	y related to occur	pation of deceased	12 phs
. 4	1	0	+-)		If so, specify	/ nx	Ny	111
20. FILED LF	ly	19 24 8	a M	roccurl	(Signed) 7	11-	10-10	/ M. D.
	-8			Registrar	(Address)	LAM	11/	71-1
		If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Req	questing U. S. No	. z. /	

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